

California Alliance of Child and Family Services
Comments on
CALIFORNIA PERFORMANCE REVIEW RECOMMENDATIONS
Health and Human Services Stakeholder Survey

HHS 02: Realigning the Administration of Health and Human Services

Position: Oppose this proposal.

1. Will the reorganization proposal improve service delivery and outcomes for clients?

No. The realignment of child welfare services and foster care to counties would **jeopardize adequate funding** for these programs and increase the likelihood of negative outcomes for foster children.

If the existing funding levels are used as a basis for realignment, **counties will inherit all of the problems resulting from years of inadequate State funding for CWS and foster care.**

Recent studies conducted under the auspices of the California Department of Social Services (CDSS) documented what county social workers and foster care providers have known for a long time: the current levels of funding for both Child Welfare Services and Foster Care are inadequate to cover the actual costs of providing quality care and services. Both studies recommended the development of new State funding mechanisms that would provide additional financial resources to county social services agencies and to foster care providers.

The flexibility of realigned dollars may be an advantage to county managers, but it poses a major threat to the safety and well-being of the children served by the social services programs. With realignment, there will be great pressure at the county level to divert realignment revenue away from children's social services programs in order to meet other county needs (e.g. public safety involving police, fire departments, and infrastructure)

In the aftermath of the first realignment, some counties looked to stretch their realigned dollars by raising the "threshold of risk" for removing and reunifying at-risk children. As a result, several children died in California, and many more suffered abuse and re-abuse. We don't want that to happen again.

In the competition for scarce resources at the county level, abused and neglected children will be at an enormous disadvantage, even with the benefit of entitlement funding.

Similarly, realignment of California's EPSDT Medi-Cal mental health program flies in the face of its origin in relatively recent lawsuits. For many years, California provided very few Medicaid funded mental health services for children.

In fact, California implemented the federally mandated EPSDT program for mental health services only after it was compelled to do so following a lawsuit in 1994. One of the catalysts for the lawsuit was a national study in 1990 that found California ranked 50th among states in identifying and treating severely mentally ill children.

When county mental health departments agreed to administer the EPSDT program on behalf of the state in 1994, a part of the understanding was that counties would endeavor aggressively to expand the program to meet the state's legal obligations. While the state is currently reaching 4.65% of eligible children, up from 1.87% before the program's inception, it is still not near the 10% of eligible children studies indicate should be served by this program.

2. Will the proposal promote better coordination and integration of policy and programs for specific client groups?

No. Realignment does nothing to promote better coordination and integration of policy and programs for foster children or children receiving EPSDT funded mental health services and, in fact, would contribute to the Balkanization of policy and programs.

This proposal also seems to directly conflict with proposal HHS08 that would create a state leader for foster care and seek to assure greater coordination and integration of efforts.

3. Does the proposal provide better accountability for specific client groups?

No. In analyzing the criteria to be weighed in assigning program responsibilities for realigned programs and funding, the LAO has stated, “programs where statewide uniformity is vital, where statewide benefits are the overriding concern...” are rightfully programs that require some level of state funding and oversight. Child welfare, adoptions and foster care services meet these criteria.

There is a **compelling state interest in ensuring that all children in California, regardless of their county of residence, receive the same basic protections and the same basic level of care and services.**

State statute and regulations – not county ordinances – define abuse, neglect, and delinquent behavior, and establish standards and procedures that must be used by counties in day-to-day administration of these programs.

The existing provisions in State law and regulations governing CWS and other children’s social services programs are intended to protect the safety and well-being of California’s children. Many of these provisions reflect “best practice” standards that are generally accepted by child welfare professionals. Other provisions were enacted by the State in response to problems that arose in some counties in the past.

Yet, if the costs of foster care and child welfare services are realigned to the counties, counties will legitimately expect the State to eliminate requirements that are not a condition for continued federal funding. As an example, an LAO analysis states:

“In the case of children’s programs, giving counties this authority would require the state to eliminate as many nonfederal requirements as possible, such as the state’s requirement for monthly social worker visits (the federal standards (*sic*) is semiannual visits).”

Foster care requirements in state law, moreover, virtually mirror federal requirements for Title IV-E funding. In order to retain federal funding, necessary to provide foster care services, **California must demonstrate “statewideness” in its design, funding and operation of the foster care program.** Realignment of child welfare and services to counties would undermine the state’s capacity to assure “statewideness” and threaten federal participation.

It is unrealistic to believe that, as part of realignment, the California Legislature would simultaneously undertake the wholesale repeal of all State laws and regulations that are intended to protect the safety and well-being of vulnerable children in California but are not now specifically required by federal funding mandates. Moreover, we believe that it is unwise and dangerous to children to advocate for such a repeal of statewide child protection requirements.

As a result, even in a realigned system, the state will be forced to – and should – retain most (if not all) of its existing administrative oversight, including foster care rate-setting, determining eligibility criteria and setting and enforcing licensing standards.

Similarly, the state Department of Health Services and, by agreement, the state Department of Mental Health, is responsible to the federal government and now to the courts for the administration and compliance of this program.

Ultimately, the state is responsible for ensuring that Medi-Cal beneficiaries throughout the state have appropriate and timely access to medically necessary specialty mental health services and that these services are correctly documented and claimed. Counties cannot change or limit this entitlement, and the state cannot abdicate its responsibility to ensure that this entitlement is met for all eligible children. Failure will result in the loss of federal funding.

4. What are the strongest reasons for implementing this recommendation? What are the greatest potential concerns?

Reasons:

None.

Concerns:

There exists an overriding state concern for the health and safety of children served by the child welfare system: child welfare services (CWS), adoptions and foster care are state responsibilities although the administration of the programs is the responsibility of counties. These are California's children. Under realignment, adequate funding for these vital services will be seriously jeopardized.

The state also has a compelling interest in the provision of EPSDT funded mental health services for children (a) because of its responsibility for this federally mandated program, (b) because these services are still a relatively new, still evolving federal entitlement implemented and shaped as a result of several lawsuits against the state and, therefore, require the state to remain active during this period, and (c) because adequate funding for this program would be in jeopardy if it was realigned. Mentally ill, poor children do not advocate well for their own needs.

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HHS 08: State Leadership Needed to Repair a Foster Care System in Crisis

Position: Support this proposal in concept.

1. Will the proposal improve access to services? Does it make it simpler for customers/clients?

Yes, potentially. A state leader for foster care could **coordinate state agencies in assuring that foster children, particularly those placed outside of their home counties and school districts, receive needed services from county agencies** (e.g., Departments of Mental Health) and local educational agencies (e.g., school districts and SELPAs). Access to mental health services for foster children living outside their home counties, for example, is extremely difficult at present, with access varying markedly from county to county and no statewide policy for provision of those services or coordination of inter-county efforts.

In order to improve not just access, but delivery of services and outcomes, **the state leader for foster care would have to be authorized to exercise some level of control over those portions of the state budget that impact services to foster children**, including but not limited to foster care maintenance, administration, and training funding, child welfare services funding, adoption assistance funding, EPSDT children's mental health funding, and special education capped allocations to SELPAs for foster children.

Without some control over state dollars flowing to locally administered programs, the state leader for foster care would have little more than a bully pulpit and could not be held accountable for achieving better access, service delivery or outcomes.

2. Will the proposal improve delivery of services?

Yes, potentially. A state leader for foster care could assure that services to foster children are delivered in the most caring, effective fashion possible. A foster care leader could also provide **a voice within the Administration for adequate levels of funding for foster care services**, without which all the coordination of services in the world is of little value.

The inadequacy of funding for county child welfare departments is well-known and widely accepted as deeply problematic. Less well known is the inadequacy of funding for private, nonprofit, public benefit foster care providers who care for well over half of the children in non-relative foster care in the state.

During the 13-year period from FY 1990-91 through FY 2003-04, foster care group home rates increased by less than 27%, while the CNI increased by over 43% and the Consumer Price Index rose by over 44%. During 9 of those 13 years, group home rates were frozen. All of the rate increases were granted during the four years between 1998 and 2001.

Foster family agency rates have increased by a similar percentage, but over a nearly 20 year span during which the CNI increased nearly 70%!

These figures do not include increases in costs for items that are not reflected in either the CNI or the CPI including dramatic increases in workers compensation, health and liability insurance costs, as well as state mandated cost increases for such things as licensing fees, and state requirements for accounting and auditing that carry significantly higher price tags.

A state foster care leader could **advocate for adequate rates for foster care providers as a first and necessary step in improving delivery of services to foster children and youth**, a step never taken by the Department of Social Services.

3. Will the proposal improve outcomes?

Yes, potentially. The Alliance believes that **an individual must be identified as the state foster care leader**, not an office or department, and that such an individual who exercises control over funding for foster care related activities could improve service access and delivery and ultimately outcomes for children and youth in foster care.

There is **no need for the creation of new outcome measures** for foster care as AB 636 spells out in great detail state mandated outcomes for child welfare and foster care services and imposes sanctions upon counties that do not meet the outcomes.

4. What will be the impact on the service provider network?

To the extent that a state leader for foster care could assure that foster children have adequate access to needed services, that delivery of services across counties, funding streams, and local agencies is facilitated, and that rates paid for the services are adequate for the level of service and outcome expected, the impact could be very positive.

5. Will the proposal improve program efficiency?

The Director of the Department of Social Services could function as the state leader for foster care, but historically has not and, had those individuals ever assumed that role, there would be no need for a “state leader.” If creation of the position of state leader for foster care results in the development of additional state level bureaucracy, the proposal would undermine program efficiency. To the extent that the proposal would involve subsuming or supplanting currently existing state functions, program efficiency could be improved.

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HHS 09: Finding Permanent Homes for Foster Children.

Recommendation: Support this proposal.

1. Will the proposal improve access to services? Does it make it simpler for customers/clients?

Privatizing the adoption system in California could greatly improve access to services and improve outcomes. Private adoption agencies have no function or purpose other than to facilitate adoptions. If they are unsuccessful, they fail in their missions and go out of business.

Governmental agencies provide many services, one of which is adoption. No governmental agency has ever gone out of business because it did not facilitate enough adoptions.

Private adoption agencies, in order to accomplish their missions and remain economically viable, have devised effective, flexible practices that allow them to meet the needs of adoptive parents more quickly, efficiently, and comprehensively than can their public sector counterparts.

In order to accurately and appropriately reward and incentivize public and private agencies, federal incentive funds should be passed through to counties and awarded to those private adoption agencies that contributed to the adoption outcomes being recognized. Federal incentive funds should be earmarked at the state level to “supplement” rather than “supplant” current funds spent for adoptions.

While we agree with streamlining the fingerprint process for the adoption system and believe that it will make the process simpler for adoptive families, we need to ensure that adoption agencies continue to receive all of the valuable information that they require to make informed decisions that are in the best interest of the children and families. Protections for children must be maintained. Adoption agencies must continue to receive all of the relevant information necessary to place children in safe and appropriate families.

2. Will the proposal improve delivery of services?

Yes, see below.

3. Will the proposal improve outcomes?

Yes, potentially.

The recommendations – by increasing awareness and recruitment efforts, providing financial incentives for county and private adoption agencies, streamlining the adoption process, and most importantly, privatizing adoptions – could improve the delivery of adoption services and increase the number of adoptions from the foster care system.

4. What will be the impact on the service provider network?

The private adoption service provider network is able to transform to meet the changing needs of its public sector partners; the flexibility of the private system is one of its strongest attributes.

5. Will the proposal improve program efficiency?

Streamlining the fingerprint process for the adoption system will create program efficiencies. The record check generated by a change to pre-adoptive parent status, however, provides adoption agencies with valuable information used in making informed decisions about tentative adoptions. Efficiencies are only valuable if high quality service delivery is maintained. Adoption agencies must continue to be provided all of the relevant information necessary to create permanency for children in safe and appropriate families.

Proposals for further consideration:

The CPR proposals do not go nearly far enough in spotlighting the potential benefits that could accrue should the state consider more extensive use of private, nonprofit, public benefit organizations in the delivery of permanency-focused foster care services.

California spends \$112 million (General Fund) each year for the care of children placed by counties in foster families that are recruited, screened, selected, trained, certified, supervised and supported by private, nonprofit foster family agencies (FFA), many of which are also licensed adoption agencies.

From 1985-1995, the number of children entering foster care doubled. FFAs and kin foster care provided the additional capacity to absorb the dramatic increase, with the number of children placed by FFAs growing from 1000 to 18,000. Before FFAs were formed, shortages in county-licensed foster family homes often forced counties to place in group homes children whose needs could have been met in foster family settings. During the striking ten-year placement upsurge, FFAs doubled the number of available foster family placements statewide and reduced the number of children inappropriately placed in group homes.

FFAs have successfully increased the state's foster care capacity, but they have been restricted in their capability to facilitate permanence. County departments of social services and juvenile courts control how long a child remains in placement. FFAs cannot move children to permanence more quickly than is authorized by juvenile courts and facilitated by county caseworkers. As a result, statewide time-to-permanency for children placed in FFAs has turned out to be greater than for children placed either with kin or in county licensed foster homes, although the figure varies considerably between counties. Even adoption agencies, that account for over 10% of the children adopted out of the public child welfare system, cannot move forward on permanency plans without the approval of county caseworkers and the courts.

FFAs are paid a capitated, per-child flat rate that allows them flexibility in using available funds to meet the needs of children and their foster families. With those dollars, they provide a mandated level of service that publicly provided foster care cannot duplicate at double the cost, including 1:15 caseloads, twice monthly face-to-face social worker contact, 24-hours a day, 7 days-a-week availability for emergencies, and a variety of other services and support for foster children and foster families. Increasingly, children with the most challenging needs are finding adoptive families through public agency collaboration with private adoption agencies.

The rates paid FFAs have been increased in only 4 of the last 14 years. While the cost of living has increased nearly 45%, FFA rates have risen only 23%. Of particular concern are the dramatic increases in costs not reflected in the CNI and largely resulting from state mandates, including skyrocketing workers compensation and liability insurance premiums, the high cost of required A-133 audits, and increased Community Care Licensing fees.

Several steps should be taken over the coming year to promote permanency, increase cost efficiency, and maximize the availability of federal funding.

Promote Permanency: Adopt changes in policy that help assure that children receive effective high-quality services in order that they can achieve permanency as quickly as possible.

- **Grant FFAs the Authority, Responsibility, and Resources for Moving Children to Permanency Within Specified Time Frames:** In order to obtain better and more timely permanency outcomes for children, permit counties to contract with FFAs and adoption agencies to assume case management responsibility for children in their care. FFAs and adoption agencies would be responsible to the juvenile court through the county welfare department for (a) creating a case plan (including a permanency goal), (b) submitting the plan to the court, (c) working with the child, birth and foster family to carry out the plan and achieve the goal, and (d) discharging the child from the FFA to reunification or kin guardianship, and from the adoption agency to adoption. In order for this to occur:
 - **Amend or waive Division 31 regulations:** CDSS should amend or waive applicable Division 31 regulations to permit private, nonprofit agencies to assume case management responsibility for children in foster care.
 - **Waive FFA rate requirements:** CDSS should provide waiver authority for county welfare departments to enter into performance-based contracts with FFAs and adoption agencies to provide time sensitive, permanency-targeted foster care services with payment for services tied to outcomes.

Create Program Efficiencies: Adopt changes in policy that will reduce excessive program costs and ensure that FFAs can help provide necessary services for children who need foster care.

- **Public/Private Partnerships:**
 - Encourage county welfare departments to investigate the viability of partnering with private, nonprofit FFAs to perform certain functions related to increasing the number of county foster family homes including, in part or in whole: (a) foster parent recruitment, (b) screening prospective foster parents, (c) conducting home studies, (d) making licensure recommendations, (e) providing foster parent training, and (f) providing supervision and support of licensed foster parents.
 - Eliminate the CDSS Independent Adoption Program and turn those services over to private adoption agencies on a fee-for-service basis.
 - Permit counties to contract with private adoption agencies, rather than CDSS for home studies and adoption services for children in foster care.
- **Reasonable Licensee:** Require CCL to adopt into regulation a “reasonable licensee” standard in which providers are not cited for licensing violations when they have done everything that could be expected of a “reasonable licensee” in the same situation. Current practice, in which licensees are at fault for any incident regardless of culpability, places an undue administrative burden on providers and CCL, inflates insurance premiums, and increases the likelihood of frivolous civil litigation.
- **Permit CALSWEC Students to Fulfill Work Commitments in Foster Family and Adoption Agencies:** Permit social work graduate students receiving financial aid through the

California Social Work Education Center to fulfill their post graduation work commitment in any private nonprofit agency providing FFA and adoption services to California foster children.

Maximize Federal Funding: Maximize federal funding opportunities that will reduce the need for greater General Fund Expenditures on FFAs.

- **Claim Federal Title IV-E Reimbursement for FFA Social Work Costs:** Claim federal reimbursement under Title IV-E Administration for the cost of case management activities provided by FFA social workers and currently paid for with state and county-only dollars.
- **Title IV-E Training Funding:** Encourage counties to collaborate with FFAs and community colleges to use federal Title IV-E Training dollars to provide basic and ongoing training for foster families and staff.

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HHS 15: The Health and Human Services Agency, or its successor, should consolidate the administration of the state's substance abuse and mental health programs. This would create a new Center for Behavioral Health (under a reorganized Health and Human Services Department).

Position: Support this proposal in concept.

1. Will the reorganization proposal improve service delivery and outcomes for clients?

Yes, potentially. The proposal could lead to improved service delivery and outcomes for dually diagnosed populations, but in order to be successful, the reorganization would have to be done not simply to reduce state administrative costs. Staff would need to be combined in a manner that recognizes and retains the expertise in each field and their ability to support programs to three distinct populations: those with alcohol or drug disorders, those with mental health disorders, and those who are dually diagnosed. The combined Center would have to address the structural and funding barriers to providing optimal services to the dually diagnosed.

2. Will the proposal promote better coordination and integration of policy and programs for specific client groups?

Yes, potentially. It could and should improve coordination and integration of policy for all affected populations. One of the first tasks of a newly organized “Center for Behavioral Health” would be identification of the distinct federal and state statutory requirements and funding streams that currently exist in order to identify and address current barriers to coordination and integration, and propose solutions to addressing them.

3. Does the proposal provide better accountability for specific client groups?

Unclear. There currently is little acknowledgment at the state level that the dually diagnosed client group even exist. To the extent that this population is recognized and policies are developed to more effectively address their needs, it could lead to better accountability.

4. What are the strongest reasons for implementing the recommendation? What are the greatest potential concerns?

Strongest Reasons:

- It could lead to more administrative simplicity at the county level.
- It could facilitate better coordination at the state level in working on policies to address the needs of the dually diagnosed, a population that has received inadequate attention through our current system.
- It could help facilitate a sharing of ideas between the two disciplines; e.g., drug and alcohol programs could learn more about the Medi-Cal Rehab option, and mental health programs could learn more about prevention and recovery models.
- It could increase the state’s ability to obtain more federal funding.

- Regarding the Medi-Cal program, drug programs are currently operating under the “clinic” option, and mental health programs are under the “Rehab” option. If this could lead to bringing Drug Medi-Cal under the Rehab option, that would be a positive step for clients.

Concerns:

- Consolidating two underfunded programs will make neither program well funded and will not necessarily improve services.
- There is a legitimate fear that Alcohol and Drug Program funding and expertise will get lost or “gobbled up” in the consolidation.
- Savings that may result from such a consolidation (if any) may be overestimated. While there may be some efficiencies, there are specific requirements in each service that must be recognized and retained.

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HHS 21: Consolidate Licensing and Certification Functions

Position: Oppose this proposal.

1. Will the reorganization proposal improve service delivery and outcomes for clients?
No.
2. Will the proposal promote better coordination and integration of policy and programs for specific client groups?
No.
3. Does the proposal provide better accountability for specific client groups?
No.
4. What are the strongest reasons for implementing this recommendation?

Administrative convenience for the State.

What are the greatest potential concerns?

In terms of abstract organizational theory, it may make sense to consider the consolidation of similar functions into the same organizational unit. It may even make the administration of the State's licensing and certification functions more convenient for State officials.

But, from the perspective of the clients receiving care and services, and of the private agencies providing care and services, the consolidation of the State's licensing and certification functions offers no tangible benefits, but creates several important concerns.

The purpose of licensing and certification is to ensure the health and safety of clients and to enhance the quality of care they receive. Licensing and certification should be treated as support functions for program goals.

The consolidation of the State's licensing and certification functions would fragment the coordination and integration of policy and programs and would make it more difficult to hold any State program administrators accountable for the care of the client groups they serve.

In the area of child and family services, for which the member agencies of CACFS provide care and supervision, it is difficult to ensure policy coordination and accountability among the units responsible for child welfare services policy, foster care funding, and community care licensing and they all are now part of the same department!

In order to be performed effectively, licensing functions must be administered by managers and staff who have knowledge and experience in the program area being licensed and certified. The fact that most current State licensing staff are "generalists" is not a strength; it is a weakness that would be exacerbated by this recommendation. Their "transferable skill sets" are entirely administrative in nature; they would do nothing to improve service delivery and outcomes for clients.

Putting the licensing function into a separate organizational entity would only make the current situation worse. Licensing staff would become even less responsive to the changing needs of the client population and the evolving practices of care providers.

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HHS 27: Automate Identification of Other Health Coverage for Medi-Cal Beneficiaries

Position: Support this proposal.

1. Will the proposal improve access to services?

Yes, potentially. In many instances efforts to obtain child support from non-custodial parents results in an indication of OHC in MEDS because someone has reported or otherwise “discovered” that the parent has health coverage for the child. In fact, the parent in question often does not have health coverage for the child, lives too far away for the coverage to be practical, or complete information for coverage cannot be found. In these instances, Medi-Cal cannot be billed and there is, in fact, no other useable health coverage.

Access to services will only be improved (a) if automation includes a way to check the accuracy of OHC information on an ongoing basis, and (b) when OHC is required to provide lack of coverage or denial of services information quickly so Medi-Cal, as the payer of last resort, can be billed when proper.

Does it make it simpler for customers/clients?

Accurate, up to date information is enormously valuable to clients seeking medical services. Inaccurate information and difficulty obtaining needed documentation from OHC to change MEDS is very difficult for clients whose providers will not treat them if there is no confirmed source of payment.

2. Will the proposal improve delivery of services?

Unclear.

3. Will the proposal improve outcomes?

Yes. To the extent that access to medical services improves, outcomes should also improve.

4. What will be the impact on the service provider network?

Providers will be more likely to join networks and provide services if they are confident that eligibility and coverage information is accurate and up to date so they can confirm a source of payment.

5. Will the proposal improve program efficiency?

Potentially. The automated identification of other health coverage should help eliminate improper billing of Medi-Cal for medical services for which the beneficiary has other health coverage. The automation of this function could, conversely, create a barrier to the proper billing of Medi-Cal when needed for beneficiaries who, in fact, do not have OHC or who do have OHC but need a Medi-Cal financed service.

It will be important to assure that the presence or absence of OHC does not create a barrier to obtaining Medi-Cal financed health services for which beneficiaries, especially foster children, are entitled.

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ETV 13: Improve the Special Education Hearing and Mediation Process.

Position: Oppose this proposal.

1. Will the proposal improve access to services? Does it make it simpler for customers/clients?

No. There is nothing in the proposal that suggests that the rulings handed down by the contractor, McGeorge School of Law, or the mediations it conducts have impeded access to services or generated greater complexity for students and their parents. In fact, one is suspicious the opposite may be the case – that many students have experienced greater access to services as a result of the fair hearing process – and it may be that outcome that drives this recommendation for the state government to have greater control over the special education mediation and fair hearing process.

2. Will the proposal improve delivery of services?

No. Once again, there is nothing in the proposal that would indicate a problem with service delivery by the contractor. There is not even an indication that it could be done more cheaply or efficiently by the OAH.

Additionally, OAH's Administrative Law Judges are generalists and may not be equipped to handle the intricacies of federal, state, and local laws, regulations, and procedures that are involved in special education cases.

3. Will the proposal improve outcomes?

No. Mediators are independent third parties that help other parties in conflict resolve their differences without resort to litigation. It is ludicrous to presume that the Governor can mandate that independent mediators increase the number of cases resolved through mediation; unless, it is the intent of the proposal that the mediators should not be independent at all, but rather subject to the influence of the administration.

Clearly, this cannot be the case, since it would violate federal IDEA and a host of other statute and case law pertaining to due process in special education.

4. What will be the impact on the service provider network?

Unclear.

5. Will the proposal improve program efficiency?

No. Since there is no data to suggest that the current arrangement is inefficient, it cannot be argued that the proposal would generate a more efficient alternative. The only efficiency advanced in the proposal is a reduction in the number of fair hearings. Since that could only be accomplished by the administration inappropriately interfering in the mediation process, the proposal would not improve program efficiency.

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ETV 25: Balance Career Technical Education and College Preparation in High Schools.

Position: Support the report's recommendation that California high schools offer, "rigorous, challenging career technical coursework integrated with academic education to prepare high school students for both higher education and the workplace."

1. Will the proposal improve access to services? Does it make it simpler for customers/clients?

Yes. This proposal could dramatically improve the outcomes for many foster youth and youth within the special education system. The current system, which has increasingly encouraged students to complete courses that meet the admission requirements for California's state colleges and universities, has left many students without substantive options and risks increasing an already worrisome dropout problem. Providing a wider variety of educational options that offer youth alternative paths to high school graduation will create a multitude of opportunities for students to be successful and productive.

2. Will the proposal improve delivery of services?

Yes. By creating more programs of quality that provide career and technical training specifically designed to meet the needs of students, the public school system will improve the delivery of services.

3. Will the proposal improve outcomes?

Yes. Student outcomes will be improved if these recommendations are adopted. Pupils who are interested in and whose strengths lie in technical training should have options within the public school system and should be encouraged to participate.

According to the CPR, 30 percent of California's high school students do not graduate. Studies have also shown that 30 percent of California's foster youth emancipate from the foster care system without having graduated. It is reasonable to presume that the drop out rate for foster youth who are special education students is even higher.

High school graduation is a critical step towards productive adult citizenship. Creating challenging, targeted, alternative educational options for pupils to reach high school graduation will surely increase the number of youths graduating.

4. What will be the impact on the service provider network?

Public schools will have to shift their focus, create new programs, recruit professionals to teach these classes, and revise many of their current outcome measures, including the Academic Performance Index (API). This is no easy task for the public school system, but it is one that would greatly benefit California's pupils and, in turn, California's economy.

5. Will the proposal improve program efficiency?

The recommendations will not directly create efficiencies within the system; however, efficiencies surely will be found in having students in programs that meet their needs.